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## **CONFIRMATION NO. 7282**

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SERIAL NUME 10/678,957				CLASS GROU 435		1647		ATTORNEY OCKET NO. 183-6141US	
APPLICANTS									
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** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/23/2004									
Foreign Priority claime 35 USC 119 (a-d) cond met Verified and Acknowledged	ditions	yes no Met afte Allowance  niner's Signature	r (	STATE OR COUNTRY THERLAND	DR	HEETS AWING 21	TOT. CLAII 21	MS	INDEPENDENT CLAIMS 6
ADDRESS 24247 TRASK BRITT P.O. BOX 2550 SALT LAKE CITY, UT 84110									
TITLE At least partial prevention and/or reduction of cellular damage in tissue that has suffered from or is suffering from hypoxia and/or ischaemia and/or inflammation									
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)				